## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: INDEPENDENT LIVING ADULT FAMILY HOME (0009606)

Address: 4004 29TH AVE, KENOSHA, WI 53140

**License Status: REGULAR** 

Licensed/Certified/Registered 09/27/2002

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

**Survey History** 

Survey ID: 0095710 End Date: 10/04/2005 Type: ABBREVIATED Purpose: SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

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